STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943128	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St Mary's Home	718 W. Winter Park Street Orlando, FL 32804	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0007 - 58a-5.0181(1) Fac - Admissions - Criteria S-S= D
St - A - 0008 - 58a-5.0181(2) Fac - Admissions - Health Assessment S-S= D

Specific Tag Findings:

0000-Initial Comments
Complaint Inspection #2013010764 was conducted on .

Saint Mary's Home had deficiencies found at the time of the visit.

The complaint was not substantiated, but Saint Mary's Home had deficiencies from the Complaint Inspection.

0007-Admissions - Criteria 58A-5.0181(1) FAC
Based on observation, record review and interview the facility failed to ensure residents met the admission criteria for 1 out of 3 sampled residents (R#3)

Findings

Observation made on at about 1:30 p.m. revealed the resident #3 was residing in the facility. She was observed to be alert and oriented was ambulating independently.

Resident #3's record review stated the resident was admitted to the facility on with diagnosis of The resident's current health assessment dated was reviewed. A question under Section 1D "In your professional opinion, can this individual's needs be met in an assisted living facility, which is not a medical, nursing or facility? "Has a check mark next to "No". The health assessment was signed by the examiner on .

On at about 2:00 p.m. the administrator confirmed the finding. He stated he was not aware that the answer was "No".

Class III

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943128	10/15/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
St Mary's Home	718 W. Winter Park Street Orlando, FL 32804	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0008-Admissions - Health Assessment 58A-5.0181(2) FAC
Based on observation, record review and interview the facility failed to ensure the completion of health assessment for 3 out of 3 sampled residents (R#'s #1, #2 and #3.)

Findings

Observation made on at about 1:30 p.m. revealed the resident #1, #2 and #3 was residing in the facility. They were observed to be alert and oriented, and were ambulating independently.

1. Resident #1's record review of the 1823 stated the resident was admitted to the facility on with diagnosis of and . The resident's current health assessment, signed and dated by the examiner on , was reviewed. Section 2B stated the resident needed help with her medications, but none of the medication was listed under "A. Please list all current medication prescribed below (additional pages may be attached). "

2. Resident #2's record review of the 1823, stated the resident was admitted to the facility on , with diagnosis of chronic , mood and . The resident's current health assessment, signed and dated by the examiner on , was reviewed. Section 2B did not indicate what type of assistance the resident needed, i.e. either "needs assistance with self-administration of medications" or "needs medication administration".

3. Resident #3's record review of the 1823 stated the resident was admitted to the facility on with diagnosis of . The resident's current health assessment, signed and dated by the examiner on , was reviewed. Section 2B stated the resident needed help with her medications, but did not indicate what type of assistance the resident needed, i.e. either "needs assistance with self-administration of medications" or "needs medication administration".

On at about 2:10 PM, the administrator confirmed the finding. He stated he was not aware the sections were not completed.

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2013

Administrator
St Mary's Home
718 W. Winter Park Street
Orlando, FL 32804

Dear Administrator:

Re: CCR #2013010764

This letter reports the findings of a **complaint investigation** survey that was conducted on , 2013 by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2013,** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at .

Sincerely,

Lorraine Henry

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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